

☐ as a PHYSICAL RE-EXAMINATION ☒ Special ☒ Yearly

Date 4-27-55

Name C. A. Jeffers Age TC No Banded L R St Wt 155

Medical History Since Last Examination Time lost because of illness since last Exam

General Appearance: Skin Chloroma, mixed Hair N

Eyes-Pupils-etc Asym to L & R Vision without glasses R20/40 L20/20 Vision with glasses R20/ L20/

Ears N Hearing-Inguinal or Stethoscope R L /36 inches

Nose & Throat N Neck N Mouth N Teeth & Gums Anterior

Chest: Lungs Clear Heart Size N Sounds N Rhythm N

Insp Exp Pulse 72 After Exer Blood Pressure 114/70

Abdomen: Scars N Anus N Hemorrhoids N Genital Region N

Inguinal Region-Right N Left N Extremities N Romberg N

Arches On Claws Spine N Patellar N Varicose Veins Mild

Nervous System Neurotic

LABORATORY EXAMINATION

Urine: Albumin Sugar

Blood: Eohn RBC WBC Hb Smear

X-Ray

DISCUSSION & RECOMMENDATIONS

Class: 1-Any Position in Plant 2-Any Position but has Slight Defects 3-Only for special employment

Plant Spino Examiner R. C. Salley MD

EX 13

RE-EXAMINATION - INTERVAL HISTORY

Name C. H. Jeffers Age 38 Sex — Date 4-2

OCCUPATIONAL HISTORY

Title of Job Pipefitter

Any special hazards or strains? No

MEDICAL HISTORY

Record of illnesses, injuries, operations No

Lost seen by a Physician — Why N

Work time lost because of illness NO Illness N

Any: Loss or gain in weight 150 Loss of appetite N

Nausea or vomiting NO Change in bowel action N

Rectal bleeding NO Shortness of breath Yes Chest pain L

Chronic cough NO Ease of fatigue —

Hemoptysis NO Nervous breakdown Nervous Breakdown

SUMMARY

Interval history and present physical examination —

Recommendations & Disposition

Limitations on Employment

Signed —

☐ 1a 21

PHYSICAL RE-EXAMINATION — Special ☒ Yearly ☐

Date 2-22-51

Name C. A. Jeffers Age 33 TC No 816 Handed— L ☒ Rt 5-8 1/2 Wt 152

Medical History
Since Last
Examination

Chlor Acne

Time lost because of
illness since
last Exam no days

General Appearance: Skin

Chlor-Acne

Hair ☒

Eyes-Pupils-etc.

Chlor-Acne - Conjunctivitis

Vision

without glasses R20/45 L20/25

Vision

with glasses R20/ L20/

Ears ☒

Hearing-Ingersoll or Stop Watch R

/36 inches

/36 inches

Nose &
Throat ☒

Neck ☒

Mouth ☒

Teeth &
Gums

Complete Dentures

Chest: Lungs

X-Ray OK

Heart Size ☒

Sounds ☒

Rhythm ☒

Insp

Exp

Pulse 84

After Exer

Blood Pressure

108/60

Abdomen:
Scars no

Anus ☒

Hemorrhoids no

Genital
Region ☒

Inguinal
Region-Right

Tight

Left

Tight

Extremities ☒

Romberg neg.

Arches good

Spine ☒

Patellar

Varicose
Veins no

Nervous System

LABORATORY EXAMINATION

Urine: Albumin

Sugar

Blood: Kahn

RBC

WBC

Hb

Smear

X-Ray

DISCUSSION & RECOMMENDATIONS

Chlor-Acne

Class: 1-Any Position in Plant

2-Any Position but has Slight Defects

3-Only for special employment

Plant

Jeffers

Examiner

R. B. Hall MD

9406574

RE-EXAMINATION - INTERVAL HISTORY

☒ M
☐ S
☐ W
☐ D

Name C.B. Jeffers Age 33 Sex M Date 2-22-51

OCCUPATIONAL HISTORY

Title of Job Pipe Fitter

Any special hazards or strains? No

MEDICAL HISTORY

Record of illnesses, injuries, operations Chloroform

Last seen by a Physician 12 mo. ago Why Cold serum

Work time lost because of illness No Illness No

Any: Loss or gain in weight gained Loss of appetite No

Nausea or vomiting No Change in bowel action No

Rectal bleeding No Shortness of breath No Chest pain No

Chronic cough No Ease of fatigue Always in winter - tired

Hemoptysis No Nervous breakdown No Other nothing

SUMMARY

Interval history and present physical examination

Recommendations & Disposition

Limitations on Employment

Signed _____ M. D.

☐ 0-41

9406575



PERSONAL HISTORY



- 1 Name C.A. Jeggens Age 33 Date 2-22-51
- 2 Address St. Albans Single () Widowed () Divorced () Married ☒
- 3 Dept Mech. Position Pip Fitter Previous Position _____
- 4 FAMILY HISTORY - Has any near relative had tuberculosis ^{sister} ☒ high blood pressure ☒
heart disease ☒ strokes ☒ diabetes ☒ cancer ☒ kidney disease ☒ nervous troubles ☒
Age of father _____ mother 58 If dead-cause fell killed
How many brothers and sisters living - Ages _____ If dead-cause _____ Age _____
How many children have you 3 Ages 12 - 10 - 7 If dead-cause _____ Age _____
- 5 PAST HISTORY - Have you ever had frequent sore throat ☒ frequent colds ☒ sinusitis ☒
bronchitis ☒ pleurisy ☒ pneumonia ☒ tuberculosis ☒ malaria ☒ rheumatic fever ☒
frequent headache ☒ hay fever ☒ asthma ☒ hives ☒ eczema ☒ convulsions ☒
- 6 If you were in military service-Dates: from _____ to _____ Medical Discharge _____ Other _____

7 EMPLOYMENT HISTORY - Past 10 Years (New Employees Only)

Employer & Position	Length of Service	Nature of Work
<u>Transit Authority</u>	<u>1 year</u>	<u>conductor</u>

- 8 (New employees omit this number) If you believe that any conditions of your work have any effect on your health, explain to examining physician _____
- 9 EATING - How many servings daily of - meat 2 milk 2 eggs 2 bread 1 cheese 2 butter 2 green vegetables 2 starchy vegetables 2 salads 2 fruits 2 pies, cakes, pastry 2 ice cream 2 candy 2 sweets or sugar 2
- 10 How much per day of - coffee 2 tea 2 tobacco 2

Details concerning items 1 to 10 _____

9406576

- 11 Exercise in addition to your work no
- 12 Recreation, pleasures, hobbies church
- 13 Are you subject to worries no moods no
emotional upsets no periods of alternate gloom or cheerfulness -
- 14 Have you had any of the following symptoms - explain when & how long - Loss or gain in weight gain
loss of appetite no nausea no vomiting no change in bowel action no
indigestion no pain or cramps no trouble with urination no
shortness of breath no palpitation no chest pain some cough no
blood spitting no nervous breakdown no swelling no diarrhea no
headaches some wheezing no hay fever no bleeding from rectum no
gas & belching no joint aches & pains yes - knees & back
- 15 Any accidents, broken bones or surgical operations - When 1936 - Where School - What
explain - arm
- 16 How much time have you lost from work in the past year because of illness etc.
Name of family physician Dr. J.H. Blake
- 17 Do you use any medicines - sedatives or laxatives Vitamin + P.A. Explain for Phlo's knee
- 18 How often do you consult your dentist Quarterly When last
- 19 How often do you consult your oculist 1 year ago When last
- 20 For Women - Are your menses regular prolonged excessive painful
Do you lose time from work Do you still menstruate
How many pregnancies Any complications Miscarriages
- 21 Do you consider yourself in good health
Details concerning items 11 to 21

SIGNATURE C. D. Jaffee

The information you have given is confidential and this record is to be retained in the Medical Dept.

9406577